

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000543

FILED
Jan 17, 2007
Secretary of State

Entity Name: RIDGE POINTE COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1008 RIDGE POINTE COVE
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1008 RIDGE POINTE COVE
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 06-1645994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNE, CHRISTOPHER E
1008 RIDGE POINTE COVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: THORNE, CHRISTOPHER E
Address: 1008 RIDGE POINTE COVE
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP () Delete
Name: DIMPERIO, MICHAEL
Address: 1012 RIDGE POINTE COVE
City-St-Zip: LONGWOOD, FL 32750 US

Title: TRES (X) Delete
Name: HUGHES, LORRIE
Address: 1036 RIDGE POINTE COVE
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: THORNE, CHRISTOPHER E
Address: 1008 RIDGE POINTE COVE
City-St-Zip: LONGWOOD, FL 32750 US

Title: PRES (X) Change () Addition
Name: HOPE, ANDREW
Address: 1024 RIDGE POINTE COVE
City-St-Zip: LONGWOOD, FL 32750 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER E. THORNE

TRES

01/17/2007

Electronic Signature of Signing Officer or Director

Date